	Application Number	09/889,203		
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	March 13, 2002		
	First Named Inventor	Tracey Brown		
	Art Unit	1618		
	Examiner Name	Blessing M. Fubara		
	Attorney Docket Number	650064.406USPC		

□ A Power of Attorney is submitted herewith. OR □ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 005 □ Please change the correspondence address for the above-identified application to: □ The address associated with Customer Number 00500 OR □ Firm or Individual Name Address City State Zip Country Telephone Email □ Applicant/Inventor. □ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) □ As assignee of record of the entire interest twe hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s). Signature Date Signat	l hereby rev	oke all previo	ous powers of atto	rney given in	the abo	ove-identifie	d applic	ation.	
Name Please of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) As assignee of record of the entire interest stive hereby elect, under 37 CFR 3.71, to prosecute the applicant to the the applicant of the entire interest stive hereby elect, under 37 CFR 3.71, to prosecute the applicant of the exclusion of the inventor(s).	A Pov	ver of Attorne	y is submitted he	rewith.	***************************************	***************************************		***************************************	
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State Zip	X I here	eby appoint th	ne practitioners at	Seed IP Law	Group	PLLC, Cust	omer N	umber: 00)500
OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s). Signature Signature Date Signature Signature Date Date Date Date Date Date Date	X Please ch	nange the cor	rrespondence add	ress for the a	bove-io	lentified app	lication	to:	
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Submit multiple forms if more than one signature is required, see below*. Total of forms are submitted.		**********************	***************************************	requiseu, See De	OW .				wow.